

County: Milwaukee
ST. CAMILLUS HEALTH CENTER, INC.
1010 WEST WISCONSIN AVENUE

Facility ID: 8290

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WAUWATOSA 53226 Phone: (414) 258-1814
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/03): 190
Total Licensed Bed Capacity (12/31/03): 190
Number of Residents on 12/31/03: 163

Ownership: Nonprofit Church
Highest Level License: Skilled
Operate in Conjunction with CBRF? Yes
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 179

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	Yes	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		19.6
Supp. Home Care-Personal Care	Yes					1 - 4 Years		47.9
Supp. Home Care-Household Services	Yes	Developmental Disabilities	1.2	Under 65	1.2	More Than 4 Years		22.1
Day Services	No	Mental Illness (Org./Psy)	57.1	65 - 74	4.9			----
Respite Care	No	Mental Illness (Other)	0.6	75 - 84	33.1			89.6
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	52.1	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.6	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.2		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	1.8		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	12.9	65 & Over	98.8	-----		
Transportation	Yes	Cerebrovascular	3.1	-----	----	RNs		9.5
Referral Service	No	Diabetes	3.7	Gender	%	LPNs		11.8
Other Services	No	Respiratory	0.6	-----	----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	17.8	Male	30.1	Aides, & Orderlies		
Mentally Ill	No		----	Female	69.9			
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total	%
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Resi- dents	Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	9	100.0	285	77	95.1	125	0	0.0	0	70	95.9	255	0	0.0	0	0	0.0	156	95.7
Intermediate	---	---	---	4	4.9	104	0	0.0	0	3	4.1	236	0	0.0	0	0	0.0	7	4.3
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	9	100.0		81	100.0		0	0.0		73	100.0		0	0.0		0	0.0	163	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	4.8	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	1.2	73.6	25.2	163
Other Nursing Homes	3.5	Dressing	3.7	53.4	42.9	163
Acute Care Hospitals	81.1	Transferring	7.4	60.1	32.5	163
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	7.4	38.0	54.6	163
Rehabilitation Hospitals	0.0	Eating	57.7	31.3	11.0	163
Other Locations	10.6	*****				
Total Number of Admissions	227	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	3.7	Receiving Respiratory Care		14.7
Private Home/No Home Health	10.1	Occ/Freq. Incontinent of Bladder	89.0	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	10.5	Occ/Freq. Incontinent of Bowel	44.2	Receiving Suctioning		0.0
Other Nursing Homes	1.6			Receiving Ostomy Care		1.2
Acute Care Hospitals	24.3	Mobility		Receiving Tube Feeding		2.5
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.6	Receiving Mechanically Altered Diets		50.3
Rehabilitation Hospitals	0.0					
Other Locations	15.0	Skin Care		Other Resident Characteristics		
Deaths	38.5	With Pressure Sores	4.9	Have Advance Directives		100.0
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	247			Receiving Psychoactive Drugs		84.0

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	92.1	87.9	1.05	87.0	1.06	86.6	1.06	87.4	1.05
Current Residents from In-County	95.7	87.5	1.09	86.4	1.11	84.5	1.13	76.7	1.25
Admissions from In-County, Still Residing	20.3	22.9	0.88	18.9	1.07	20.3	1.00	19.6	1.03
Admissions/Average Daily Census	126.8	144.5	0.88	166.7	0.76	157.3	0.81	141.3	0.90
Discharges/Average Daily Census	138.0	147.5	0.94	170.6	0.81	159.9	0.86	142.5	0.97
Discharges To Private Residence/Average Daily Census	28.5	49.7	0.57	69.1	0.41	60.3	0.47	61.6	0.46
Residents Receiving Skilled Care	95.7	93.9	1.02	94.6	1.01	93.5	1.02	88.1	1.09
Residents Aged 65 and Older	98.8	97.1	1.02	91.3	1.08	90.8	1.09	87.8	1.13
Title 19 (Medicaid) Funded Residents	49.7	50.3	0.99	58.7	0.85	58.2	0.85	65.9	0.75
Private Pay Funded Residents	44.8	34.6	1.29	22.4	2.00	23.4	1.92	21.0	2.14
Developmentally Disabled Residents	1.2	0.6	2.06	1.0	1.20	0.8	1.45	6.5	0.19
Mentally Ill Residents	57.7	35.5	1.62	34.3	1.68	33.5	1.72	33.6	1.72
General Medical Service Residents	17.8	23.0	0.77	21.0	0.85	21.4	0.83	20.6	0.87
Impaired ADL (Mean)	59.0	51.9	1.14	53.1	1.11	51.8	1.14	49.4	1.19
Psychological Problems	84.0	62.2	1.35	60.0	1.40	60.6	1.39	57.4	1.47
Nursing Care Required (Mean)	9.2	7.2	1.27	7.2	1.28	7.3	1.27	7.3	1.26